

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN73AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2009
NAME OF PROVIDER OR SUPPLIER AQUARIUS GRP CARE HOME INC #2		STREET ADDRESS, CITY, STATE, ZIP CODE 580 STEWART ST RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/15/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for four Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was three. Three resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C. The following deficiencies were identified:	Y 000		
Y 172 SS=E	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation, and interview on 9/15/09, the facility failed to ensure 1 of 3 garbage containers were covered to prevent rodents from	Y 172		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 172	Continued From page 1 gaining access to the facility's garbage. Severity: 2 Scope: 2	Y 172		
Y 177 SS=C	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation and interview, the facility was not kept free on accumulation of dirt and dust on the window sills and ledges of 2 of 2 resident bedrooms and the resident dining room. Severity: 1 Scope: 3	Y 177		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview on 9/15/09,	Y 178		

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Y 178	Continued From page 2 the facility failed to ensure the back half of the property and the side of the facility were free of a large accumulation of garbage. (Piles of trash, building supplies, old refrigerators, microwaves, clothes washer and dryer, windows, pipes, 4 used mattresses, a suitcase full of clothing, 4 vacuum cleaners, furniture, lamps and a shopping cart.an unlocked storage shed containing spare wheelchairs, walkers, and vending machines, a lean-to on the side of the storage shed had a collection of office equipment and clothing, and other personal items, an unlocked severely aging travel trailer was full of trash), Severity: 2 Scope: 3	Y 178		
Y 179 SS=D	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 9/15/09, the facility failed to provide screens on the 3 windows in the kitchen and the resident dining room and the screen door to the dining room did not have a self-closing mechanism on it which resulted in it remaining open most of the survey to prevent the entry of insects and rodents. Severity: 2 Scope: 3	Y 179		

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Y 444	Continued From page 3	Y 444		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review and interview on 9/15/09, the facility did not ensure smoke detectors were tested 12 out of the past 12 months (September of 2008 to September of 2009). Severity: 2 Scope: 3	Y 444		
Y 451 SS=F	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person.	Y 451		

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Y 451	<p>Continued From page 4</p> <p>This Regulation is not met as evidenced by: Based on observation on 9/15/09, the facility failed to have a first aid kit available with all the required components (A shield or mask for cardiopulmonary resuscitation, tape and disposable gloves).</p> <p>Severity: 2 Scope: 3</p>	Y 451			

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